

Lupron® Consumer Claim Form

I'd like a payment from the Lupron® settlement.

Complete and mail to the address below, postmarked by July 24, 2006.

Your Name

Dates you or Patient took Lupron® (Month/Year - Month/Year)

Your Address

Name of Doctor who Provided Lupron®

Your City, State, Zip

Doctor's City and State

Name of Lupron® Patient /Relationship to you

Patient's Date of Birth

How much money did you pay for Lupron® from January 1, 1985 through March 31, 2005?
(Notes: Deduct any insurance reimbursements you got. Attach one proof of payment if you have it. See instructions below. You may be asked for more information at a later time.)

\$ _____

I declare that the information here is true and correct and I have not submitted a claim in the national Lupron® Class Action Settlement, In Re: Lupron® Marketing and Sales Practices Litigation. If not submitting this for myself, I am authorized to submit this form on behalf of the patient above.

Signature

Date

Mail by July 24, 2006 to:

Idaho Attorney General's Office
Consumer Protection Unit
Attn: Lupron Settlement
P.O. Box 83720
Boise, ID 83720-0010

Instructions and Documentation

To ask for a payment, you must complete and submit the claim form above along with proof that you paid for Lupron® sometime from January 1, 1985 through March 31, 2005. Although you can and should submit a claim for all your purchases during this timeframe, you only need to submit one proof of any purchase of Lupron® between these dates. Proof may be in the form of: (1) a written prescription for Lupron®; (2) a copy of a receipt, cancelled check, or credit card statement that shows that you paid for Lupron® (Please remove or cover up sensitive banking information such as credit card numbers before copying); (3) an EOB (explanation of benefits) that shows you made a co-pay for Lupron®; (4) a letter from your doctor saying he or she prescribed and that you paid part of the cost of Lupron® at least once, including the amount paid; or (5) a notarized statement saying you paid a co-pay or cash payment for Lupron® from January 1, 1985 through March 31, 2005, and noting the total out-of-pocket payments you made during that time.